**Public Health England**

Protecting and improving the nation's health

# Minutes

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| **Title of meeting** | Quality and Clinical Governance Committee |
| **Date** | Monday 5 September 2016 |
| **Time** | 09:30 – 12:30 |
| **Venue** | Wellington House, 133-155 Waterloo Road, London SE1 8UG |

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| **Present** | Rosie Glazebrook (Chair) | Non-Executive member of the PHE Board |
| | Viv Bennett | PHE Chief Nurse |
| | Andrew Blakeman | External Independent Adviser |
| | Anne Brice | PHE Head of Knowledge Management |
| | Paul Cosford | PHE Medical Director |
| | Sue Ibbotson | PHE Centre Director, West Midlands |
| | Melanie Ingham | PHE Head of Quality and Clinical Governance |
| | Robert Kyffin | PHE Data and Info Policy & Partnerships Lead |
| | Amal Rushdy | PHE Consultant in Public Health Medicine |
| | Rashmi Shukla | PHE Regional Director, Midlands and EoE |
| | Imogen Stephens | PHE Consultant in Public Health Strategy |
| | Jumoke Sule | PHE Microbiology Services |
| | Julia Verne | PHE Knowledge and Intelligence Team |
| | Neil Waterman | PHE Nursing Directorate |
| | Pauline Watts | PHE Nursing Directorate |
| | Mike Yates | PHE Corporate Affairs Directorate (Secretary) |
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| **Apologies** | Alex Sienkiewicz | PHE Corporate Affairs Director |
| | Kevin Fenton | PHE National Director, Health and Wellbeing |
| | George Griffin | Non-Executive member of the PHE Board |
| | Anthony Kessel | PHE Director of International Public Health |
| | John Newton | PHE Chief Knowledge Officer |
| | David Robb | DH Internal Audit |

**Introduction and apologies; Chair's opening remarks**

16/207     No interests were declared.

16/208     The Chair welcomed Melanie Ingham, Head of Quality and Clinical
Governance, to her first meeting.  Melanie would be taking over the
secretariat duties for the Committee from Mike Yates.

**Minutes of the last meeting: 16 May 2016**

16/209     The minutes (Enclosure QCGC/16/31) were accepted as an accurate
record of the meeting.

**Matters arising**

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| 16/210 | Enclosure QCGC/16/32. | Action: Mike Yates to re-open action 16/132. |

16/211    16/132.  A report on incident reporting and management would now be going to the November meeting of the Committee, rather than in September as originally planned, to ensure a full discussion could take place at the next Steering Group meeting.  The action would be re-opened.

16/212    All other open actions were either not yet due or on the agenda of today's meeting.

16/213    The Committee **NOTED** the report.

**SECTION 1 – MONITORING PROGRESS**

**Progress report from the Chair of the Quality and Clinical Governance Steering Group**

16/214    The Chief Nurse and Pauline Watts gave a brief programme progress report.

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| 16/215 | The Head of Quality and Clinical Governance was now in post and would meet with the Chair and Andrew Blakeman in the near future. | Action:  Melanie Ingham to arrange to meet the Chair and Andrew Blakeman. Mike Yates to join the meeting. |

16/216    The future funding for the programme was being pursued as part of a review of medical and health protection resource generally.

16/217    Good progress had been made in developing a quarterly quality reporting template.  Almost all Quality Hubs had completed a quarterly template, and the team continued to work with regional and centre quality leads to ensure the templates could be used as part of their local reporting.  The format was proving useful.  However, more work was needed on the standards and requirements underpinning each component.  Further work would be taking place with Quality Hubs and Quality Components on this.

16/218    A paper on the status of the programme including a report on Quality Plans received, themes and gaps arising from the quarterly templates and ensuring we embed processes – without disruption – into centre reporting, will go to the October Delivery Board meeting.

16/219    Pauline Watts gave a brief summary on the status of quality plans (from Enclosure QCGC/16/45, shared with the Committee as an information paper).   Quality Plans had been received from 23 of the 26 Quality Hubs.  Many of the Quality Plans had now been signed off by the relevant Director.  Where plans had been submitted as draft plans, action was being taken to ensure that the draft plans receive final approval and sign off.

16/220    Several common themes had been identified from Quality Plans:

- Functions had been described well and had clear links with business plans;

- Structures and processes were being strengthened as a result of the focus on Quality and Governance;
- Compliance with existing PHE policies had been noted;
- Plans focused predominantly on risks rather than adverse incident reporting and learning from incidents (low levels of adverse incident reporting generally);
- Trackwise training was needed by many staff;
- Examples of innovation, success stories and good practice had been noted in most plans, however there is a need for greater clarification of key areas of concern;
- Processes for sharing learning and feedback loops needed to be strengthened;
- User feedback and stakeholder engagement was variable, as was the commitment to planned audit and peer review.

*Quality Plan Review Day*

16/221    A Quality Plan Review Day took place on 17th May 2016. All Quality Hub leads were invited to attend, to share experiences and learning.

16/222    The Committee **NOTED** the report.

**Programme milestone tracker**

16/223    Mike Yates spoke to the programme milestone tracker (Enclosure QCG/16/33), which would be presented to each Steering Group and Committee meeting. He focused on those areas where some delay had occurred.

16/224    Some Quality Plans were outstanding, but there were reasons for this (as highlighted in the Quality Plan progress report – QCGC/16/45).

16/225    Each Quality Component had been given an action to develop future standards, looking forward to the issuing of guidance for Quality Plans for 2017/18.

16/226    A communications plan had been shared with the Committee for information and the review of resources had been mentioned. The only governance and leadership action outstanding was for Mike Yates to transfer the secretary duties to Melanie Ingham.

16/227    Good progress had been made on monitoring and reporting and this would be covered in more detail later on the agenda.

16/228    The Committee **NOTED** the report.

**SECTION 2 – SCRUTINY**

**Quality information and reporting – self assessments**

16/229    Mike Yates updated the Committee on the work that had been done to develop a consistent quarterly reporting template (Enclosure QCGC/16/34). Extensive discussion had taken place with a number of Quality Hubs – particularly region and centre quality leads – to ensure that the template was fit for purpose, both as a way of providing summary information to the Committee and as a mechanism for local Quality Hub scrutiny. All Quality Hubs, with the exception of two, had completed and submitted templates and most were of a high standard.

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| 16/230 | As mentioned earlier in the meeting, more work was needed on the standards underpinning the 10 component areas, and this would be taken forward by Melanie Ingham and involve full collaboration with the Quality Hubs. | |
| 16/231 | Andrew Blakeman suggested that a very light-touch audit – not detailed scrutiny and not to add burden - might be conducted to consider the accuracy and consistency of the reporting.  If the reports represented an accurate reflection of progress on quality and clinical governance, there appeared to be no major issues – indeed, some Quality Hubs were reporting almost full compliance at this early stage.  Andrew suggested that the programme team discuss the ADT and the South Region reports to check whether they were fully compliant and report back. | Action: Pauline Watts and Melanie Ingham to audit the ADT and South Region returns with the Quality Hub leads. |
| 16/232 | Andrew was also particularly impressed with the reports from London and the North West Centre. He suggested the programme write to the Quality Hubs, citing these returns as exemplars for future returns. | Action: Pauline Watts and Melanie Ingham to communicate with the Quality Hubs on their returns, citing the London and North West returns as exemplars. |
| 16/233 | Rosie Glazebrook suggested a mechanism be found to show quarter-on-quarter progress. | Action: Melanie Ingham to determine a way of showing quarter-on-quarter progress from the template returns. |
| 16/234 | Rashmi Shukla said a lot of work had been taking place at region and centre level, not just on quality reporting but reporting and monitoring across the piece.  A centre dashboard was in development, and thoughts were being given to how regions report through to the Delivery Board.  Rashmi requested an agenda item for the next meeting in November to present progress on this to the Committee.  The Committee **AGREED**. | Action: Rashmi Shukla to give a presentation on region and centre reporting developments at the November meeting of the Committee. |

**Quality Information – management information scrutiny**
*NIS(MS)*

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| 16/235 | Jumoke Sule presented a number of management information papers to the Committee for information (Enclosure QCGC/16/35). They included: |

- Overall Quality & Governance KPI Report (dashboard;
- Compilation of lab quality reports;
- Lessons learned and Risk Alerts reports from labs;
- Non-conformance reports with Quarterly Trends;
- Guidance on completing, collating, distributing and using the Quality & Governance Reports;
- The CSPHDG Annual Report 2015-16;
- Medicines Management incident review.

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| 16/236 | Andrew Blakeman said that the MS information was a good example |

of where relevant information was being collected and being put to good use in terms of monitoring and follow-up. The underpinning processes and procedures appeared also to be robust.

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| 16/237 | It was suggested that a short report, including the overall dashboard, be presented to the Committee once a year as a means of monitoring progress on MS, and it was suggested this be done at May Committee meetings (i.e. post-quarter 4). | Action: Jumoke Sule to provide a brief MS management information update report at each May Committee meeting. |
| 16/238 | The Committee also asked that the non-conformance report be presented again at the first meeting in 2017, picking up points made on why some labs were reporting zero on non-conformance. | Action: Jumoke Sule to provide an updated MS non-conformance report to the first Committee meeting in 2017. |
| 16/239 | When asked what her key concerns were, Jumoke cited change as a particular challenge. | |
| 16/240 | The Committee **NOTED** the report. | |

*Information Governance*

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| 16/241 | Robert Kyffin spoke to a brief report on developments within Information Governance (Enclosure QCGC/16/36). His paper summarised the management of information governance (IG) across PHE, the current level of performance as measured through the IG Toolkit, the progress being made to further strengthen IG assurance across the organisation, and national IG policy developments that had the potential to impact on PHE access to the data needed to fulfil its remit. | |
| 16/242 | The Committee was asked particularly to note the work underway to consolidate and strengthen the current satisfactory IG Toolkit performance, and note the potential risks of the proposed new data on security standards and the patient consent model. | |
| 16/243 | Viv Bennet asked if there was an organogram that showed how the governance in this area was arranged. Robert Kyffin said he would provide one. | Action: Robert Kyffin to provide a governance chart for IG. |
| 16/244 | Andrew Blakeman asked whether there was detailed management information available, based on KPIs, to demonstrate assurance and compliance with the IG Toolkit. He asked whether there was a performance 'dashboard' in place, or whether one needed to be developed. He also asked what the key IG risks were, how visible they were to the rest of the organisation and how their mitigation was being reported. How many incidents reported where IG-related? | Action: Robert Kyffin to provide detailed management information and risk information to the Spring 2017 meeting of the Committee. |
| 16/245 | Andrew suggested that the information described be provided to the Spring 2017 meeting of the Committee. In the meantime, a full session on incident reporting and management data would take place at the November committee meeting, and the number of IG-related incidents should be evident; IG issues and concerns would be | |

included in the governance report provided to the Audit and Risk Committee (ARC); IG risks were already included on the Strategic Risk Register which was discussed with the Management Committee and the ARC; and, the Chief Knowledge Officer would be presenting on his risk management procedures and his key risks at the September ARC meeting.

16/246    The Committee **NOTED** the paper.

**Information Governance - Quality Component 'deep-dive'**

16/247    Robert Kyffin also presented a paper summarising the findings of a review of the information governance component of the PHE Quality Hub plans for 2016/17 (Enclosure QCGC/16/37).  It noted the extent to which relevant IG good practice standards had been integrated into the workplans of the Quality Hubs, and the extent to which these were linked to the IG action plans produced for the directorates. It concluded with an outline of the planned next steps to help strengthen the IG culture across the Quality Hubs.

16/248    Good points arising from Quality Plans included integration of IG as part of a wider quality agenda; and, some recognition of the key IG challenges to the organisation.  However, many Quality Hubs did not recognise the importance of the IG Toolkit; for many Quality Plans, IG was not well reflected; and, there was little ambition identified for improving IG generally.

16/249    More needed to be done. Next steps included:

- Circulation of the 2016/17 directorate IG action plans developed by the IG;
- Work with the Quality Hub leads to increase the level of alignment with the Quality Plans.
- Refinement of the suggested high-level IG standards for the Quality Hubs to ensure these more directly align both with the requirements of the IG Toolkit and with the existing responsibilities for IG already set out in the Information Risk Management and related policies;
- Provision of improved support to the Quality Hubs on commonly-identified IG standards such as mandated training completion.

16/250    The Committee **NOTED** the report.

**Knowledge Management - Quality component 'deep-dive'**

16/251    Anne Brice spoke to her paper covering similar themes associated with the Knowledge Management Quality Component (Enclosure QCGC/16/38).

16/252    Anne recognised that having KM as a component of the quality programme provided a welcomed opportunity to provide a renewed focus on KM issues and development.  In the context of the PHE Quality programme, KM overlapped with other key components as it underpinned individual and organisational learning, evidence-based practice, and research and innovation. It required effective information management as a key component in any comprehensive and systematic approach to knowledge creation and sharing.

| 16/253 | A set of Knowledge Principles for the public sector were under development. These principles would be incorporated into the PHE KM framework. | |
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16/253      A set of Knowledge Principles for the public sector were under development. These principles would be incorporated into the PHE KM framework.

16/254      In Quality Plans, two standard areas were suggested for reporting in 2016/17:

- Compliance with the PHE Publication Standard; and,
- Demonstration of sharing and implementing good practice

16/255      Of the 26 Quality Plans reviewed, 50% (13) make no mention of the Publication Standard, with a wide variation in level and detail of response. No Quality Hubs provided evidence or details of the process by which their publications are assured against the standard in their area. There is a need to develop further cross-PHE guidance on how the Standard should be measured.

16/256      In terms of knowledge capture, a wide range of responses were noted, including actions relating to the use of knowledge and intelligence; access to knowledge services; ways of keeping up-to-date; skills audits; document storage and handling; and the use of networks to share and disseminate practice-based information. A relative spread and lack of consistency across the Hubs is understandable given the lack of clarity provided in guidance so far, and the complexity of including relevant and achievable measures.

*Aspirations*

16/257      A set of metrics and expectations was being be developed by the Publication Standard project group, which would inform future standards for the quality component. Future standards areas will be developed to cover systems and processes for knowledge capture, and access to evidence, using the proposed Government Knowledge Principles, and a forthcoming update of the BSI Knowledge Management Standard. Meetings and liaison with Hub leads would be planned to provide better background information on the Publication Standard, and that teams are made aware of support systems available via the Knowledge and Library Services and CKO.

16/258      Skills training in research methods and health literacy would be conducted. A process flowchart would be tested with Hub leads and relevant information made available via the PHE Intranet. A training programme was being planned for Tri-Directorate publication reviewers to improve critical appraisal skills will be expanded to the rest of PHE and available to Hub leads and other interested groups.

16/259      It was suggested that a KM dashboard be developed in due course, starting with adherence to the Publication Standard. Andrew Blakeman said he would also be interested in seeing any detailed management information available.

Action: Anne Brice to consider the development of a dashboard, initially for adherence to the Publication Standard, and to provide further management information relating to this Quality Component.

**Annual organisational audit for Medical Revalidation**

16/260       Enclosure QCGC/16/39

**SECTION 3 – QUALITY PLAN DEVELOPMENT AND REPORTING**

**Quality Hub presentations**
*Tri-Directorate – CKO*

16/261       Julia Verne presented the CKO Quality Framework and Quality Plan (Enclosure QCGC/16/40). Each component area was covered. The more significant areas are outlined below.

16/262       CKO assured itself of the quality of educational provision and training in a number of ways.

16/263       On Information Governance, the directorate provides the overarching framework for controls assurance. It formally submits returns to the Health and Social Care Information Centre on adherence to the IG Toolkit and to ensure compliance across all domains. CKO assures itself through completion of the Information Governance Toolkit and supports PHE as a whole to achieve level 2.

16/264       CKO Directorate also acts as the domain lead for knowledge management in the new PHE quality assurance system. CKO assures itself through compliance with the PHE publication standard. The tri-directorate has developed a publication standard review committee, which reviews all public facing information that goes through the gateway process, looking to assess both technical quality, appropriateness for audience, and relevance to PHE activity. CKO is actively involved in the development and delivery of this process. This process reviews new publications at the point of initiation, and all publications prior to publication. In addition, K&I within CKO had developed a separate assurance process for the quality of its data outputs that do not use the publication standard process.

16/265       CKO Directorate also acts as the domain lead for Research and Innovation in the new PHE quality assurance system. CKO assures the quality of its research activity by actively working with the research governance team in the Research, Translation and Innovation (RTI) division of CKO.

16/266       CKO has an extensive range of stakeholder activities. K&I undertake regular stakeholder feedback for Official Statistics Products as a requirement of the Code of Practice. The KIURG (Knowledge and Intelligence User Reference Group) advises K&I on prioritisation of products and services, and informs the business planning process.

16/267       The Quality Plan set out actions associated with each of the component areas.

16/268       The Committee **NOTED** the Quality Plan.

*Health Protection*

16/269     Amal Rushdy presented the Health Protection Quality Plan (Enclosure QCGC/16/41).

16/270     A significant amount of change and restructuring had taken place over the last 12 months or so and it had been a challenging time for HP.

16/271     The Quality Plan was a substantial document that reflected the complexity of the Directorate, the changes that had been taking place and a view to the directorate's provision in the future in terms of continuous quality improvement. Although substantial, the Committee thought the Quality Plan was clear and well structured.

16/272     A number of significant successes had been highlighted, as had a number of key challenges. Resourcing was seen as a key issue together with the impact on resilience to meet emergency needs, and the potential impact on health protection service delivery

16/273     Paul Cosford said a key risk and concern was the potential damage to the organisation's reputation as a result of a badly managed incident or outbreak.

16/274     Global health was also proving to be a significant challenge. New systems and teams were being put in place in some high risk areas abroad, working with other government departments and wider organisations. There was a potential for an overlap of responsibilities and PHE had to be clear about its remit. PHE had to ensure that its own safeguarding systems fitted with those of the country in questions. More would be done to safeguard staff through the development of one HMG platform.

16/275     The Committee **NOTED** the Quality Plan.

*Chief Nurse's Directorate*

16/276     Pauline Watts introduced the Chief Nurse Directorate's Quality Plan (Enclosure QCGC/16/42).

16/277     CND is a small Directorate providing advice within PHE and to a wider audience on professional leadership, and to support prevention, protection and promotion as part of the role of all nurses and midwives.

16/278     The Chief Nurse Directorate works with the Medical Director and his team to ensure PHE has robust quality and clinical governance improvement and assurance systems in place as part of business planning and integrated governance.

16/279     They are working with the Chief Knowledge Officer to develop academic links, research and evidence of impact in population health nursing and midwifery and to build a strong network of 'academic friends'. They are also working with National, Regional and Centre Directors to maximise the contribution of nursing and midwifery professions to delivery of 'Evidence into Action' priorities, as well as a number of other issues.

16/280      A number of key successes were highlighted including:

- the 'All Our Health' toolkit and the production of a 5 Country joint approach to tackling the obesity challenge;
- the contribution to the development of the Sound Foundations 'One PHE Quality Model' and the development of processes and systems to enhance and give greater visibility to Quality and Clinical Governance within PHE.

16/281      Key areas for development were clearly described.

16/282      The Committee **NOTED** the Quality Plan.

**SECTION 4 – OTHER BUSINESS**

**Any other business**
*Timetable for future Quality Hub and Quality Component deep-dive sessions.*

The future deep-dive timetable was agreed.


**Date of next meeting**
16/283      Monday 7th November 2016 at 09:30 am, Wellington House


**Mike Yates**
*Quality and Clinical Governance Committee Secretary*
September 2016